

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1							51		1							
2							52	1								
3							53	1								
4							54		1							
5							55		1							
6							56	1								
7							57		1							
8							58		1							
9							59		1							
10							60	1								
11							61		1							
12							62		1							
13							63		1							
14							64		1							
15							65	1								
16							66									
17							67									
18							68									
19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38	1						88									
39		1					89									
40		1					90									
41		1					91									
42		1					92									
43		1					93									
44		1					94									
45		1					95									
46		1					96									
47		1					97									
48	1						98									
49		1					99									
50		1					100									
TOTAL IND.	↓		↓		↓		TOTAL IND.	7	↓		↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	21	←		←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS	28								